

# **Maryland Learning Collaborative to Support Opioid Use Disorder Examination and Treatment Act and Medications for Addiction Treatment (MAT) Implementation for Justice-Involved Populations**

HB Data Collection Requirements  
May 17, 2023



# MAT COACHING TEAM: HEALTH MANAGEMENT ASSOCIATES (HMA)



**JULIE WHITE, MSW**  
*County Coach*



**RICH VANDENHEUVEL, MSW**  
*County Coach*



**MARC RICHMAN, PH.D**  
*County Coach*



**JOHN VOLPE, LCSW**  
*County Coach*



**DEBBI WITHAM, MSW, JD**  
*County Coach*



**DEBORAH ROSE, Psy.D**  
*County Coach*



**JEAN GLOSSA, MD, MBA, FACP**  
*Project Director*



**BREN MANAUGH, LCSW-S  
CCTS-  
TA Lead**



**SHANNON ROBINSON, MD**  
*Subject Matter Expert*



**KEEGAN WARREN, JD, LLM**  
*Subject Matter Expert*



**MARGARET KIRKEGAARD,  
MD, MPH**  
*Subject Matter Expert*



**Additional  
Faculty:  
Clinical  
Advisors and  
Subject Matter  
Experts**

# CONTINUING EDUCATION CREDITS

- Health Management Associates (HMA), #1780, is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. HMA maintains responsibility for this course. ACE provider approval period: 09/22/2022–09/22/2025. Social workers completing this course receive 1.0 continuing education credits.
- To earn CE credit, social workers must log in at the scheduled time, attend the entire course and complete an online course evaluation. To verify your attendance, please be sure to log in from an individual account and link your participant ID to your audio.
- The American Academy of Family Physicians (AAFP) has reviewed Maryland Learning Collaborative to Support Act and MAT Implementation for Jurisdictions Learning Series and deemed it acceptable for AAFP credit. Term of approval is from 04/19/2023 to 04/18/2024. Physicians should claim only the credit commensurate with the extent of their participation in the activity. This session is approved for 1.0 Online Only, Live AAFP Prescribed credits.
- **If you would like to receive CE/CME credit, the online evaluation will need to be completed.**  
You will receive a link to the evaluation shortly after this webinar.
- Certificates of completion will be emailed within 10–12 business days of course completion.

# PRESENTERS



**Jean Glossa, MD, MBA, FACP**  
**Health Management Associates**  
*Project Director*  
 jglossa@healthmanagement.com



**Bren Manaugh, LCSW-S, CCTS**  
**Health Management Associates**  
*Technical Assistance Lead*  
 bmanaugh@healthmanagement.com



**Rachel Kesselman Leonberger**  
**GOCPYVS**  
*Senior Editor & Data Analyst*  
 rachelm.kesselman@maryland.gov

<b>Faculty</b>	<b>Margaret Kirkegaard, MD, MPH</b> CME Reviewer	<b>Shelly Virva, LCSW, FNAP /</b> <b>Muriel Kramer, LCSW, FNAP</b> CE Reviewer	<b>Jean Glossa, MD, MBA, FACP</b> Presenter	<b>Bren Manaugh, LCSW-S, CCTS</b> Presenter	<b>Rachel Kesselman Leonberger, GO CPYVS</b> Presenter
<b>Company</b>	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures
<b>Nature of relationship</b>	N/A	N/A	N/A	N/A	N/A

HMA discloses all relevant financial relationships with companies whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.

# WEEKLY VIRTUAL SESSIONS

- Peer Recovery Supports
- Telehealth and MAT
- Withdrawal Management (“detox”)
- Legal Imperatives Part 2 - What’s my individual responsibility?
- MAT Case Scenarios
- Office hours- bring your cases and questions

## Special Guests:

- Emily Keller Special Secretary of Opioid Response 5/24
- Dr. Eric Weintraub 6/7

Funding for the program is provided by the Governor's Office for Crime Prevention, Youth, and Victim Services (GOCPYVS). Technical assistance is provided by HealthCare Access Maryland (HCAM) and Health Management Associates (HMA).



# TODAY'S LEARNING OBJECTIVES

Discuss how data collection and reporting can contribute to quality improvement in care of justice-involved individuals with OUD/SUD and supports sustainability

Describe the statutorily mandated data reporting requirements and their purpose in improving statewide outcomes

Define key required data point measures to support accurate data reporting.



# GETTING TO KNOW EACH OTHER

Who is with us today?

- Please introduce yourself
- Your name, jurisdiction/location and role/position



Image Source: <https://www.daterichmenclub.com/wp-content/uploads/2018/02/Getting-to-Know-Each-Other-1.jpg>

# COACHING COMPONENTS:

## Addressing Act Requirements

Medications for  
Addiction  
Treatment (MAT)

Behavioral Health  
Interventions

Screening and  
Assessment

Peer Services

Medicaid screening  
and enrollment  
processes

Diversion/  
Medication  
Administration  
Integrity

5/2/2023



## HOUSE BILL 116: DATA REQUIREMENTS – THE “*WHY*”

- Overarching aim is to measure program effectiveness
- Identify barriers in programming across the State
- Track individuals as they move through established programs
- Impact future funding decisions

# HOUSE BILL 116: DATA REPORTING REQUIREMENTS

- Establishes programs for opioid use disorder screening, evaluation, and treatment in local correctional facilities and in the Baltimore Pretrial Complex
- Section 9-603(j) of the Correctional Services Articles requires GOCPYVS to report data from each facility to the General Assembly by November 1 of each year
- Timeline
  - October 1, 2022: Data reporting began
  - August 1, 2023: First 9 months of data (October 1, 2022 - June 30, 2023) will be due to GOCPYVS
  - August 1, 2024, and annually thereafter: State fiscal year data (July 1 - June 30) will be due to GOCPYVS

# HOUSE BILL 116: DATA REPORTING REQUIREMENTS

- Number of unique inmates examined
- Number of inmates with:
  - Mental health diagnosis
  - Opioid use disorder diagnosis
  - Non opioid use disorder diagnosis
  - Dual diagnosis (mental health and substance use disorder)
- Number of inmates
  - Receiving medication prior to incarceration
  - Continued to receive the same medication during incarceration
  - Initiated MAT during incarceration
  - Discontinued medication during incarceration
  - With opioid use disorder who were NOT being treated with medication prior to incarceration
  - Receiving MAT pre-release
  - Receiving MAT pre-release that had a reentry plan
  - On each type of medication and prevalence of each type (prior to incarceration and during incarceration)
- Percent of days inmates with opioid use disorder received medication will be calculated based on data provided

**For Reporting Guide and Reporting Template:**

**<http://goccp.maryland.gov/opioid-use-disorder-and-examinations/>**

## DATA POINT: DEFINITION OF ASSESSMENT

- Because [House Bill 116 \(2019\)](#) requires screenings, assessments, and evaluations of inmates, and uses these terms interchangeably, the following definition will be used for the purpose of reporting data:
  - *“Each local correctional facility must conduct an assessment of the mental health and substance use status of each inmate using evidence-based screenings and assessments to determine if the medical diagnosis of an opioid use disorder is appropriate and if MAT is appropriate. If a required assessment indicates opioid use disorder, an evaluation of the inmate must be conducted by a specified health care practitioner, and information must be provided to the inmate describing medications used in MAT. In addition, MAT must be available to an inmate for whom such treatment is determined to be appropriate, as specified.”*

## DATA POINT: DEFINITION OF REENTRY PLAN

- House Bill 116 (2019) provides the following information regarding a plan of reentry:
  - “. . . before the release of an inmate diagnosed with opioid use disorder, a local correctional facility must develop a plan of reentry that:
    - includes information regarding post-incarceration access to medication continuity, ‘peer recovery specialists,’ other supportive therapy, and enrollment in health insurance plans;
    - includes any recommended referrals by a health care practitioner to medication continuity, peer recovery specialists, and other supportive therapy; and
    - is reviewed and, if needed, revised by a health care practitioner or peer recovery specialist.”

## CASE STUDY: INDIVIDUAL #123

- Individual #123 is booked on April 1, 2023. Healthcare staff conducts an intake health assessment process and confirms with a local provider that he was on Buprenorphine (Suboxone) immediately prior to intake and is not currently experiencing withdrawal symptoms. Medical provider continues Suboxone dose at the same level prescribed in the community. On April 10, 2023, the patient reports cravings to the nurse so the providers see him and increase his dose. Individual #123 is released on May 1, 2023. During the 30-day incarceration, he received two different doses of Suboxone.



## CASE STUDY: INDIVIDUAL #123 - DATA REPORTING QUESTIONS

- Is this individual listed twice - once with each dose - during the 30-day incarceration?
- How many assessments did this person receive?
- Should a “Yes” or “No” response be provided for the prescribed treatment and initiated treatment data points?

## CASE STUDY: INDIVIDUAL #123 - DATA REPORTING QUESTIONS

- Is this individual listed twice - once with each dose - during the 30-day incarceration? **Once**
- How many assessments did this person receive? **Two**
- Should a “Yes” or “No” response be provided for prescribed treatment and initiated treatment data points? **Yes**

# CASE STUDY: INDIVIDUAL #123 - DATA ENTRY

- Individual #123 is booked on April 1, 2023. Healthcare staff conducts an intake health assessment process and confirms with a local provider that he was on Buprenorphine (Suboxone) immediately prior to intake and is not currently experiencing withdrawal symptoms. Medical provider continues Suboxone dose at the same level prescribed in the community. On April 10, 2023, the patient reports cravings to the nurse so the providers sees him and increases his dose. Individual #123 is released on May 1, 2023. During the 30-day incarceration, he received two different doses of Suboxone.

#1. The number of inmates diagnosed with: a mental health disorder; an opioid use disorder; a non-opioid substance use disorder; and a dual diagnosis of mental health and substance use disorder.				#2. The number and cost of assessments for inmates in local correctional facilities, including the number of unique inmates examined.	#3. The number of inmates who were receiving medication or MOUD for opioid use disorder immediately prior to incarceration.	#4. The type and prevalence of medication or MOUD for opioid use disorder provided.				
Inmate ID	Diagnosis	Opioid use disorder	Non-opioid substance use disorder	Number of assessments	Treatment prior to incarceration	Type of treatment	Other	Route of Administration	Frequency	Treatment start date
#123	Opioid use disorder			2	Yes	Suboxone/Buprenorphine				4/1/2023

## CASE STUDY: INDIVIDUAL #123 - DATA ENTRY

- Individual #123 is booked on April 1, 2023. Healthcare staff conducts an intake health assessment process and confirms with a local provider that he was on Buprenorphine (Suboxone) immediately prior to intake and is not currently experiencing withdrawal symptoms. Medical provider continues Suboxone dose at the same level prescribed in the community. On April 10, 2023, the patient reports cravings to the nurse so the providers sees him and increases his dose. Individual #123 is released on May 1, 2023. During the 30-day incarceration, he received two different doses of Suboxone.

#6. The number of inmates for whom medication and MOUD for opioid use disorder was prescribed.	#7. The number of inmates for whom medication and MOUD was prescribed and initiated.	#9. The number of inmates who continued to receive the same medication or MOUD for opioid use disorder as the inmate received prior to incarceration.	#10. The number of inmates who received a different medication or MOUD for opioid use disorder compared to what the inmate received prior to incarceration.	#12. The number of inmates who discontinued medication or MOUD for opioid use disorder during incarceration.	#13. A review and summary of the percent of days, including the average percent, median percent, mode percent, and interquartile range of percent, for inmates with opioid use disorder receiving medication or MOUD for opioid use disorder as calculated overall and stratified by other factors, such as type of treatment received.		
<b>Prescribed treatment</b>	<b>Initiated treatment</b>	<b>Same treatment</b>	<b>Different treatment</b>	<b>Discontinued treatment</b>	<b>Jail intake date</b>	<b>Jail release date</b>	<b>Treatment end date</b>
Yes	Yes	Yes	No	No	4/1/2023	5/1/2023	

## CASE STUDY: INDIVIDUAL #123 - ADDITIONAL INFORMATION

- While individual #123 is detained, he is offered behavioral health counseling and is connected to a peer recovery specialist. He is then provided with a referral back to the community medical provider for continuation of Suboxone and a referral to a community-based provider who offers behavioral health counseling and peer recovery support.

## CASE STUDY: INDIVIDUAL #123 - ADDITIONAL DATA QUESTION

- Does this count as a reentry plan?



## CASE STUDY: INDIVIDUAL #123 - ADDITIONAL DATA QUESTION

■ Does this count as a reentry plan? **Yes**

#15. The number of inmates receiving medication or MOUD prior to release for whom the facility had made a pre-release reentry plan.

**Reentry plan**

Yes

## CASE STUDY: INDIVIDUAL #234

- Individual #234 has been on methadone through an OTP for 2 years and is arrested and booked on April 1, 2023. During the nursing standard intake assessment, UDS is positive for cocaine, and she admits to accelerating cocaine use which meets the criteria for stimulant use disorder as well as opioid use disorder.
- Medical confirms that she was previously on methadone treatment with a community OTP but, per the OTP, has been absent from treatment for 2 weeks prior to being booked. The OTP medical provider (in the community) evaluates her and restarts her on methadone through the jurisdiction's contract and courtesy dosing arrangement with the OTP. Because she missed 2 weeks of methadone treatment, the OTP medical director restarts her on methadone on a lower dose than she had previously been taking.
- Nursing at the jail monitors her response to the methadone treatment and reports patient's complaint of cravings to the jail's MAT prescriber who reviews the patient's chart and does a doc-doc consultation with the OTP medical director who then increases the methadone dosage.

# CASE STUDY: INDIVIDUAL #234 - DATA REPORTING QUESTION

- How many assessments?

## CASE STUDY: INDIVIDUAL #234 - DATA REPORTING QUESTION

■ How many assessments? **Two**

## CASE STUDY: INDIVIDUAL #234 - DATA ENTRY

- Individual #234 has been on methadone through an OTP for 2 years and is arrested and booked on April 1, 2023. During the nursing standard intake assessment, UDS is positive for cocaine, and she admits to accelerating cocaine use which meets the criteria for substance use disorder as well as opioid use disorder.
- Medical confirms that she was previously on methadone treatment with a community OTP but, per the OTP, has been absent from treatment for 2 weeks prior to being booked. The OTP medical provider (in the community) evaluates her and restarts her on methadone through the jurisdiction's contract and courtesy dosing arrangement with the OTP. Because she missed 2 weeks of methadone treatment, the OTP medical director restarts her on methadone on a lower dose than she had previously been taking.
- Nursing at the jail monitors her response to the methadone treatment and reports patient's complaint of cravings to the jail's MAT prescriber who reviews the patient's chart and does a doc-doc consultation with the OTP medical director who then increases the methadone dosage.

## CASE STUDY: INDIVIDUAL #234 - DATA ENTRY

#1. The number of inmates diagnosed with: a mental health disorder; an opioid use disorder; a non-opioid substance use disorder; and a dual diagnosis of mental health and substance use disorder.				#2. The number and cost of assessments for inmates in local correctional facilities, including the number of unique inmates examined.	#3. The number of inmates who were receiving medication or MOUD for opioid use disorder immediately prior to incarceration.	#4. The type and prevalence of medication or MOUD for opioid use disorder provided.				
Inmate ID	Diagnosis	Opioid use disorder	Non-opioid substance use disorder	Number of assessments	Treatment prior to incarceration	Type of treatment	Other	Route of Administration	Frequency	Treatment start date
#234	Opioid use disorder		Cocaine	2	Yes	Methadone				4/1/2023



## CASE STUDY: INDIVIDUAL #234 - DATA ENTRY

#6. The number of inmates for whom medication and MOUD for opioid use disorder was prescribed.	#7. The number of inmates for whom medication and MOUD was prescribed and initiated.	#9. The number of inmates who continued to receive the same medication or MOUD for opioid use disorder as the inmate received prior to incarceration.	#10. The number of inmates who received a different medication or MOUD for opioid use disorder compared to what the inmate received prior to incarceration.	#12. The number of inmates who discontinued medication or MOUD for opioid use disorder during incarceration.	#13. A review and summary of the percent of days, including the average percent, median percent, mode percent, and interquartile range of percent, for inmates with opioid use disorder receiving medication or MOUD for opioid use disorder as calculated overall and stratified by other factors, such as type of treatment received.		
<b>Prescribed treatment</b>	<b>Initiated treatment</b>	<b>Same treatment</b>	<b>Different treatment</b>	<b>Discontinued treatment</b>	<b>Jail intake date</b>	<b>Jail release date</b>	<b>Treatment end date</b>
Yes	Yes	Yes	No	No	4/1/2023		

## CASE STUDY: INDIVIDUAL #234 - ADDITIONAL INFORMATION

- Individual #234 is released abruptly on bond because grandma provided the money on April 20, 2023. During the medical provider visit, she was told to go back to her OTP when she is released.

## CASE STUDY: INDIVIDUAL #234 - ADDITIONAL DATA QUESTION

- Is this a reentry plan?

## CASE STUDY: INDIVIDUAL #234 - ADDITIONAL DATA QUESTION

■ Is this a reentry plan?

Yes

#13. A review and summary of the percent of days, including the average percent, median percent, mode percent, and interquartile range of percent, for inmates with opioid use disorder receiving medication or MOUD for opioid use disorder as calculated overall and stratified by other factors, such as type of treatment received.

#15. The number of inmates receiving medication or MOUD prior to release for whom the facility had made a pre-release reentry plan.

**Jail intake date**

4/1/2023

**Jail release date**

4/20/2023

**Treatment end date**

**Reentry plan**

Yes

## CASE STUDY: INDIVIDUAL #567

- Individual #567 is detained on April 1, 2023 for parole violation. He is known to the jail by custody and healthcare staff, and previous psych diagnosis on record is schizoaffective disorder. He also has a documented diagnosis of opioid use disorder.
- He was on buprenorphine previously at the jail and in the community but has been variably compliant with MOUD. During the standard intake nursing health assessment, the UDS is negative for buprenorphine. Nursing conducts the COWS and determines he is not in acute withdrawal.
- Because of his known psychiatric diagnosis, he is evaluated as soon as possible by the jail behavioral health medical provider who restarts him on psychotropic medication.

*Continued on next slide*

## CASE STUDY: INDIVIDUAL #567

- On April 10, 2023, individual requests to restart buprenorphine for “cravings” when seen at sick call by jail medical. Jail medical agrees to restart buprenorphine.
- On April 18, 2023, individual states that he wants to stop buprenorphine due to perceived side effects. He voluntarily stops buprenorphine and signs a written agreement to do so. Buprenorphine is stopped.
- Individual is preparing for release to psych supportive housing. Assessment by that facility suggests that individual receive LAI naltrexone prior to release on April 20, 2023. Individual agrees and receives injection and is released. Psych supportive housing will continue LAI naltrexone.



# CASE STUDY: INDIVIDUAL #567 - DATA REPORTING QUESTION

- How many assessments?

## CASE STUDY: INDIVIDUAL #567 - DATA REPORTING QUESTION

■ How many assessments? **Four**

## CASE STUDY: INDIVIDUAL #567 - DATA ENTRY

- Individual #567 is detained on April 1, 2023 for parole violation. He is known to the jail by custody and healthcare staff, and previous psych diagnosis on record is schizoaffective disorder. He also has a documented diagnosis of opioid use disorder.
- He was on buprenorphine previously at the jail and in the community but has been variably compliant with MOUD. During the standard intake nursing health assessment, the UDS is negative for buprenorphine. Nursing conducts the COWS and determines he is not in acute withdrawal.
- Because of his known psychiatric diagnosis, he is evaluated as soon as possible by the jail behavioral health medical provider who restarts him on psychotropic medication.
- On April 10, 2023, individual request to restart buprenorphine for “cravings” when seen at sick call by jail medical. Jail medical agrees to restart buprenorphine. On April 18, 2023, individual states that he wants to stop buprenorphine due to perceived side effects. He voluntarily stops buprenorphine and signs a written agreement to do so. Buprenorphine is stopped.
- Individual is preparing for release to psych supportive housing. Assessment by that facility suggests that individual receive LAI naltrexone prior to release on April 20, 2023. Individual agrees and receives injection and is released. Psych supportive housing will continue LAI naltrexone.

## CASE STUDY: INDIVIDUAL #567 - DATA ENTRY

#1. The number of inmates diagnosed with a mental health disorder; an opioid use disorder; a non-opioid substance use disorder; and a dual diagnosis of mental health and substance use disorder.				#2. The number and cost of assessments for inmates in local correctional facilities, including the number of unique inmates examined.	#3. The number of inmates who were receiving medication or MOUD for opioid use disorder immediately prior to incarceration.	#4. The type and prevalence of medication or MOUD for opioid use disorder provided.				
Inmate ID	Diagnosis	Opioid use disorder	Non-opioid substance use disorder	Number of assessments	Treatment prior to incarceration	Type of treatment	Other	Route of Administration	Frequency	Treatment start date
#567	Dual diagnosis			3	Yes	Suboxone/Buprenorphine				4/10/2023
#567	Opioid use disorder			1	Yes	Naltrexone (Vivitrol)		Injection		4/20/2023

## CASE STUDY: INDIVIDUAL #567 - DATA ENTRY

#6. The number of inmates for whom medication and MOUD for opioid use disorder was prescribed.	#7. The number of inmates for whom medication and MOUD was prescribed and initiated.	#9. The number of inmates who continued to receive the same medication or MOUD for opioid use disorder as the inmate received prior to incarceration.	#10. The number of inmates who received a different medication or MOUD for opioid use disorder compared to what the inmate received prior to incarceration.	#12. The number of inmates who discontinued medication or MOUD for opioid use disorder during incarceration.	#13. A review and summary of the percent of days, including the average percent, median percent, mode percent, and interquartile range of percent, for inmates with opioid use disorder receiving medication or MOUD for opioid use disorder as calculated overall and stratified by other factors, such as type of treatment received.			#15. The number of inmates receiving medication or MOUD prior to release for whom the facility had made a pre-release reentry plan.
Prescribed treatment	Initiated treatment	Same treatment	Different treatment	Discontinued treatment	Jail intake date	Jail release date	Treatment end date	Reentry plan
Yes	Yes	Yes	No	Yes, voluntary	4/1/2023		4/18/2023	
Yes	Yes	No	Yes	No	4/1/2023	4/20/2023		Yes



## QUESTIONS AND DISCUSSION

# CONTACT INFORMATION



**Brandi Cahn**

Assistant Director, JRA  
brandi.cahn1@maryland.gov



**Rachel Kesselman Leonberger**

Senior Editor & Data Analyst  
rachelm.kesselman@maryland.gov



**Brianna McMahon**

Correctional Treatment Coordinator  
brianna.mcmahon@maryland.gov



**Nathan Kemper**

Director Maryland Statistical Analysis Ctr  
nathan.kemper@maryland.gov



# QUICK EVALUATION POLL

Overall, today's training session was:

- Very useful
- Somewhat useful
- Not very useful
- Not useful at all

The material presented today was:

- At the right level
- Too basic
- Too detailed

# NEXT STEPS

Register for 1:1 virtual and in person individualized coaching & support for your jurisdiction - [link here](#).

Engage in Wednesday virtual sessions through June

Join the statewide in-person conference

- Tuesday, June 13, 8:30am-4pm
- Location: BWI Airport Marriott (1743 West Nursery Road Linthicum Heights, MD 21090)
- Register for the conference [here](#)

**Participatory stipends  
available to offset  
costs - up to \$25k**

5/2/2023



COVERAGE. CARE. CONNECTIONS.



# EVALUATION

## CONTACT US

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**FOR ANY QUESTIONS OR COMMENT**

**JEAN GLOSSA, MD, MBA, FACP**  
**PROJECT DIRECTOR**

[jglossa@healthmanagement.com](mailto:jglossa@healthmanagement.com)

**EMMA MARTINO**  
**PROJECT COORDINATOR**

[emartino@healthmanagement.com](mailto:emartino@healthmanagement.com)

**HEALTH MANAGEMENT ASSOCIATES**